

JURY INVOICE



KING COUNTY SUPERIOR COURT INTERPRETER SERVICES INVOICE



NAME		LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER ____ _		LANGUAGE
STREET ADDRESS		TELEPHONE NUMBER		CERTIFIED <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY	STATE	ZIP CODE		IS THIS A NEW ADDRESS? <input type="checkbox"/> Yes <input type="checkbox"/> No

SERVICE LOCATION:	SEATTLE <input type="checkbox"/>	KENT <input type="checkbox"/>	EMPLOYER :	<input type="checkbox"/> SELF	<input type="checkbox"/> OTHER:
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DATE	JUROR NAME	NAME OF JUDGE OR ROOM NUMBER	APPROVAL	START TIME	FINISH TIME	DO NOT WRITE IN SHADED AREAS

COMMENTS:	TOTAL HOURS:
	TOTAL PAYMENT:

INTERPRETER CERTIFICATION

I hereby certify, under penalty of perjury, that this is a true and correct claim for interpreter services provided by me on behalf of King County and that no payment for these services has been received by me to date.

SIGNATURE: _____

InvoiceTracking Code

DATE: _____

INVOICES NOT SUBMITTED WITHIN 30 DAYS WILL BE SUBJECT TO A 10% REDUCTION.
INVOICES MORE THAN 6 MONTHS LATE WILL NOT BE PAID.

PLEASE MAIL ON A WEEKLY BASIS TO:

KING COUNTY SUPERIOR COURT
ATTN: Bjorn Kindahl
516 THIRD AVENUE - ROOM C-203
SEATTLE, WA 98104

**PLEASE MAKE A COPY
FOR YOUR OWN RECORDS
BEFORE YOU MAIL THIS FORM**

FOR BUDGET DEPARTMENT USE ONLY